



Physical Activity Information Note – 3-6 Group Bike Ride to Theodore Grinding Grooves & Trails (please retain note)

Dear Parents and Carers,

The following details relate to a proposed bike ride excursion for some of our 3-6 students.

Dates/time	Date Friday 1 st November 2024 Time Approximately 1.00pm-3.00pm
Purpose of excursion	Students who have been participating in weekly peer support groups/volunteering to clean and main bikes are invited on a group ride excursion. Riding on paths also consolidates the learning students have been doing in the Bike Release program.
Activities	Destination for the ride will be the trails around Theodore Grinding Grooves and local area, following bike paths and tracks along the way.
Clothing	School uniform
Transport	Riding school-provided bikes (or own, pending safety check)
Group Size	25
Attending Staff	John Muir, Jayden Deck
LSA support	-
Packing List:	N/A
Return Notes	Thursday 31 st October 2024
Excursion Risk Assessment	Available at the front office
Contingency Plan	Excursion details will be communicated within 24 hours, THDP Facebook, including notice of rescheduling if weather dictates
Cost	Nil

Behavioural expectations- THDP values - *Compassion, Integrity, Personal Best, Respect*

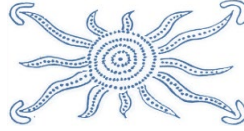
We are SAFE	We are RESPECTFUL	We are LEARNERS
<i>We use equipment appropriately</i>	<i>We use respectful language</i>	<i>We are in the right place at the right time</i>
<i>We keep hands and feet to self</i>	<i>We are aware of others</i>	<i>We follow instructions</i>
<i>We share the space</i>	<i>We accept others</i>	<i>We actively participate in learning</i>
<i>We walk and know where we can run</i>	<i>We put rubbish in the bin</i>	<i>We represent our school with pride</i>

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

**Kind Regards,
Jess Crilly**





ACT Education Excursion Policy

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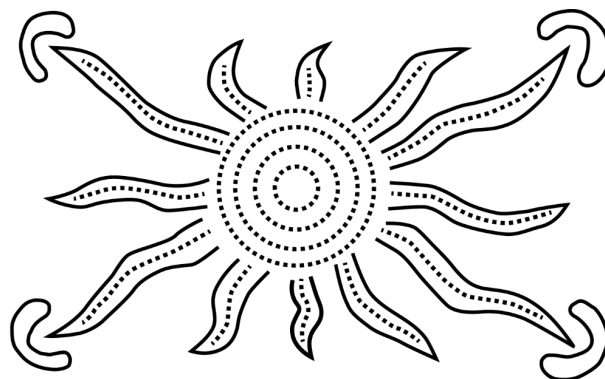
ACT Education Privacy Information

If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education and Training Directorate (ETD) Theodore Primary School. This information is necessary for us to be able to manage student participation in excursions and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.

Normally we will not use or disclose this information for another purpose, without your consent, unless you would reasonably expect us to use or disclose the information for a related purpose.

Normally we only share information with school staff and, where necessary, parents or volunteers assisting with the excursion in order to appropriately and effectively manage the excursion.

The Directorate has a privacy policy that explains how we handle personal information, including how we handle privacy complaints. The policy is available on the Directorate's website (www.det.act.gov.au) on the About Us page.



Theodore Primary School





Physical Activity Permission Note 3-6 Group Bike Ride to Theodore Grinding Grooves & Trails (return note to school)

I give permission for my child _____ in class _____ to attend the bike ride excursion to and around Theodore Grinding Grooves and nearby fire trails on **Friday 1st November 2024**. Transport is by bikes and other details as outlined in the Excursion Information for Parents (including contingency plans).

The following permission is for any rides and/or walks that your child participates in.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

The [Medical Information and consent](#) form only needs to be completed once/year prior to the first excursion unless there are changes to the details on this form.

Yes No

Are there any changes to this form?

If yes, an updated *Medical Information and Consent Form* is required to be completed (available through the front office)

Will your child require medication to be administered during the excursion?
(e.g. allergy medication, pain relief)

Yes No

If yes, please complete a *Medication Authorisation and Administration Record* (available through the front office)

Is there any additional information you need to provide to support your child's participation in this excursion

Yes No

If yes, please provide these details

Please provide the following information

Medicare No:

Private Health Fund:

Membership No:

Ambulance Fund: Parents are responsible for ambulance costs outside the ACT

Name of Parent /Carer:

Signature:

Contact phone on day of Excursion:

Date:

**Thank you,
3-6 Team**





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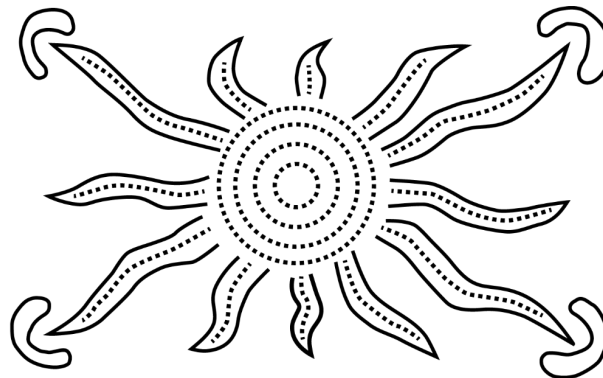
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